

Child's Name:

Parent/Guardian's Name:

Child's Date of Birth:

Interviewer's Name:

Date of Interview:

Interviewee's Name:



ABOUT MY CHILD

This questionnaire is designed to allow you as parents or caregivers to tell us about your child – including the **great things** you want to share with us – and to identify **any concerns** that you currently have. This is **not** meant to be a checklist of all health problems, but a tool to help us learn more about the services that may be helpful for you and your child.

Tell us about your child!

What makes your child happy?

What does your child like to do?

Who does your child or family like to spend time with?


How does your child like to move around or stay active?

How does your family have fun? What traditions does your family enjoy?

Please answer every question by checking “**yes**” or “**no**”. If yes, then please indicate **to what extent** it impacts your child’s ability to participate in everyday activities. There are 20 items in this questionnaire.


I am concerned about my child's:

01. Ability to **move around** at home, school and community

- **YES**  **If YES, does this impact on their ability to participate in everyday activities?**
 - Not at all - A little - Somewhat - A lot
- **NO** (Go to next question)


COMMENTS:

02. Ability to **use their hands and arms** to do the things they want to do

- **YES**  **If YES, does this impact on their ability to participate in everyday activities?**
 - Not at all - A little - Somewhat - A lot
- **NO** (Go to next question)

COMMENTS:

03. Ability to **feed/eat**

- **YES**  **If YES, does this impact on their ability to participate in everyday activities?**
 - Not at all - A little - Somewhat - A lot
- **NO** (Go to next question)

COMMENTS:

04. Ability to carry out toileting

• YES 

If YES, does this impact on their ability to participate in everyday activities?

- Not at all - A little - Somewhat - A lot

• NO (Go to next question)

COMMENTS:

05. Ability to dress or undress themselves

• YES 

If YES, does this impact on their ability to participate in everyday activities?

- Not at all - A little - Somewhat - A lot

• NO (Go to next question)

COMMENTS:

06. Ability to sleep each night

• YES 

If YES, does this impact on their ability to participate in everyday activities?

- Not at all - A little - Somewhat - A lot

• NO (Go to next question)

COMMENTS:

07. Seeing

• YES 


If YES, does this impact on their ability to participate in everyday activities?

- Not at all - A little - Somewhat - A lot

• NO (Go to next question)


COMMENTS:

08. Hearing

- **YES**  **If YES, does this impact on their ability to participate in everyday activities?**
 - Not at all - A little - Somewhat - A lot
- **NO** (Go to next question)


COMMENTS:

09. Ability to **understand** other people

- **YES**  **If YES, does this impact on their ability to participate in everyday activities?**
 - Not at all - A little - Somewhat - A lot
- **NO** (Go to next question)


COMMENTS:

10. Ability to **tell** people what they want

- **YES**  **If YES, does this impact on their ability to participate in everyday activities?**
 - Not at all - A little - Somewhat - A lot
- **NO** (Go to next question)

COMMENTS:

11. Behaviour

- **YES**  **If YES, does this impact on their ability to participate in everyday activities?**
 - Not at all - A little - Somewhat - A lot
- **NO** (Go to next question)

COMMENTS:

12. Mood

- **YES** 
- **NO** (Go to next question)

If YES, does this impact on their ability to participate in everyday activities?

- Not at all
- A little
- Somewhat
- A lot

COMMENTS:

13. Pain

- **YES** 
- **NO** (Go to next question)

If YES, does this impact on their ability to participate in everyday activities?

- Not at all
- A little
- Somewhat
- A lot

COMMENTS:

14. Ability to **learn** new things

- **YES** 
- **NO** (Go to next question)

If YES, does this impact on their ability to participate in everyday activities?

- Not at all
- A little
- Somewhat
- A lot

COMMENTS:

15. Ability to **remember** things they know


- **YES** 
- **NO** (Go to next question)

If YES, does this impact on their ability to participate in everyday activities?

- Not at all
- A little
- Somewhat
- A lot


COMMENTS:

16. Ability to get along with other children

- **YES**  **If YES, does this impact on their ability to participate in everyday activities?**
 - Not at all - A little - Somewhat - A lot
- **NO** (Go to next question)


COMMENTS:

17. Ability to get along with adults

- **YES**  **If YES, does this impact on their ability to participate in everyday activities?**
 - Not at all - A little - Somewhat - A lot
- **NO** (Go to next question)


COMMENTS:

18. Participation in activities at home

- **YES**  **If YES, does this impact on their ability to participate in everyday activities?**
 - Not at all - A little - Somewhat - A lot
- **NO** (Go to next question)

COMMENTS:

19. Participation in activities at school

- **YES**  **If YES, does this impact on their ability to participate in everyday activities?**
 - Not at all - A little - Somewhat - A lot
- **NO** (Go to next question)

COMMENTS:

I am concerned about my child's:

20. Participation in activities in the community

• **YES** 

If YES, does this impact on their ability to participate in everyday activities?

- Not at all - A little - Somewhat - A lot

• **NO** (Go to next question)

COMMENTS:

Are there other things that worry you and you would like to see your child do that he/she is not currently doing? Please describe:

Empty text area for comments.